## Direct Care Worker (DCW) Training and Testing Program Audit Tool

### 1 Auditor Information

| 1a | Auditor Organization: | | AHCCCS | | Brideway Health Solutions | | DES/DDD | | Evercare Select | | Mercy Care Plan |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1b | Auditor Name: | | | | | | | | | | |
| 1c | Auditor Contact Number: | | | | | | | | | | |
| 1d | Audit Date: | | | | | | | | | | |

| 2 | Review Criteria | | | | Year One Desk Audit | | Annual Onsite Audit | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|

### 3 Approved Program Demographic Data

| 3a | Approved Program Name: | |
|---|---|---|
| 3b | AHCCCS ID: | |
| 3c | AHCCCS Initial Approval Date: | |
| 3d | Onsite Audit Location Address: | |
| 3e | Contact Name: | |
| 3f | Contact Phone Number: | |
| 3g | Contact Mailing Address: | |
| 3h | Approved Program Type: | | AHCCCS Registered Direct Care Services Agency | | Private Vocational Training Program | |

| 4 | ALTCS Contractor Identification | Check Appropriate Box(s) ☑ | 5 | Contracts - (LIST ALL) | | |
|---|---|---|---|---|---|---|
| | | | | Agency Name | AHCCCS ID #: | Counties |
| | Bridgeway Health Solutions 110088 | | 1) | | | |
| | DES/Division of Developmental Disabilities 110007 | | 2) | | | |
| | Evercare Select 110049 | | 3) | | | |
| | Mercy Care Plan 110306 | | 4) | | | |
| | Other (describe): | | 5) | | | |
| | | | 6) | | | |
| | | | 7) | | | |
| | | | 8) | | | |
| | | | 9) | | | |
| | | | 10) | | | |

### PROGRAM REQUIREMENTS REVIEW

### 6 Policy and Procedures and Resources Standards

| | | Select One | | Comment - If Corrective Action or Recommendation is needed, please explain |
|---|---|---|---|---|
| 6a | Policy and Procedure - Training Program Structure | Compliant | | |
| 6b | Policy and Procedure - Test Administration and Verification | Compliant with Recommendations | | |
| | Policy and Procedure - Testing Process and Maintaining Test Integrity | Not Complaint | | |
| 6c | Resources - Access to necessary space to conduct training and testing | Not Applicable | | |
| 6d | Resources - Access to necessary equipment and supplies | | | |

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### 7 | Trainer Qualification Standards

| | | Select One | | Comment - If Corrective Action or Recommendation is needed, please explain |
|---|---|---|---|---|
| 7a | Evidence of 92% minimum passing grade for knowledge tests | | | |
| 7b | Evidence of 100% passing grade for skills testing | | | |
| 7c | Evidence trainers meet the direct care experience requirement | | | |
| 7d | Evidence trainers meet the adult teaching experience requirement | | | |
| 7e | Evidence of "expert" or assistant qualifications | | | |
| 7f | Evidence trainers were qualified prior to training direct care workers | | | |
| 7g | Evidence trainers have conducted at least two training classes per year | | | |

### 8 | Training Implementation Documentation and Record Maintenance Standards

| | | Select One | | Comment - If Corrective Action or Recommendation is needed, please explain |
|---|---|---|---|---|
| 8a | Curriculum Standards | | | |
| 8b | Record Maintenance | | | |
| 8c | Test Administration | | | |
| 8d | Test Verification | | | |

### 9 | Student Testing Records

| | 9a Student Initials | 9b Testing Modules | 9c Test Type | 9d Accommodations | 9e Test Results | 9f Test Verification | 9g Training Period | Comments: |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| 4) | | | | | | | | |
| 5) | | | | | | | | |
| 6) | | | | | | | | |
| 7) | | | | | | | | |
| 8) | | | | | | | | |
| 9) | | | | | | | | |
| 10) | | | | | | | | |

## Direct Care Worker (DCW) Training and Testing Program Audit Tool

### CONTINUING PROGRAM APPROVAL STATUS

| | | | |
|---|---|---|---|
| **10** | **Approved Program Status** | | |
| 11a | Compliant | | |
| 11b | Complaint with Recommendations | | |
| 11c | Provisional Approval Pending Corrective Action | | |
| 11d | Denied | | |

| | **Notifications** | **Auditor's Initials** | **Date** |
|---|---|---|---|
| **11** | | | |
| 11a | Audit findings were sent to the Approved Program and to AHCCCS | | |
| 11b | Corrective Action Plan approved | | |
| 11c | Final status notification sent to the Approved Program and to AHCCCS | | |

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